

# NATIONAL FINANCE CENTER REQUEST FOR TRIBAL INSURANCE PROCESSING SYSTEM (TIPS)

## DESIGNATION OF TIPS SECURITY OFFICER

TRIBAL NAME			PERSONNEL OFFICE IDENTIFIER (POI)			
ACTION A/M/D <i>(Add, Modify, Delete)</i>	SECURITY OFFICER TYPE	NFC USER ID	TRIBAL SECURITY OFFICER NAME	ADDRESS	PHONE NUMBER	EMAIL ADDRESS
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> BACK UP					
	<input type="checkbox"/> PRIMARY <input type="checkbox"/> BACK UP					
TRIBAL OFFICIAL			PHONE NUMBER	EMAIL ADDRESS		
TRIBAL OFFICIAL TITLE			TRIBAL OFFICIAL SIGNATURE			DATE

In order to have access to TIPS, a tribal employer must appoint a primary and alternate TIPS Security Officer (TSO). The TSO sends requests to the National Finance Center (NFC) to establish and reset other TIPS user identifications. To establish the TSO, fill out the above contact information and have the CEO/CFO/President of the tribal employer sign the appointment below. OPM will forward the appointment onto the NFC.

## REQUEST FOR SECURITY ACCESS

### SECTION 1. USER INFORMATION

USER ID <i>(For established users only)</i>	USER NAME
USER EMAIL	<input type="checkbox"/> ADD <input type="checkbox"/> MODIFY <input type="checkbox"/> DELETE

### SECTION 2. TRIBAL EMPLOYERS ONLY

TRIBAL EMPLOYER NAME	PERSONNEL OFFICE IDENTIFIER(S) (POI)	TRIBAL ROLE <i>(Check only one role)</i> <input type="checkbox"/> UPDATE/TRIBE <input type="checkbox"/> UPDATE/TRIBE/C <input type="checkbox"/> AUDIT/TRIBE
----------------------	--------------------------------------	--

### SECTION 3. OPM ONLY

OPM ROLE <i>(Check only one role)</i> <input type="checkbox"/> UPDATE/OPM <input type="checkbox"/> UPDATE/OPM/X <input type="checkbox"/> AUDIT/OPM
---

### SECTION 4. TIPS SECURITY OFFICER (TSO) ONLY

REQUESTED BY	TSO NAME	DATE
EMAIL ADDRESS	PHONE NUMBER	FAX NUMBER
SIGNATURE	DATE	

REMARKS
---------

**PRIVACY ACT NOTICE:** In compliance with the Privacy Act of 1974, the following information is provided: Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397 of November 22, 1943 and 5 U.S.C. 301. The primary purpose of requesting the SSN is to properly identify the employee. Many employees have similar names and the furnishing of the SSN will enable USDA to identify authorized users of USDA's computer systems. The information will be used by offices and employees who have a need for the information in the performance of their official duties. The information will not be disclosed outside USDA or employing organization. Disclosure of your SSN and other information is voluntary; however, failure to provide the requested information may impede, delay or prevent further processing of this request.

## INSTRUCTIONS FOR TIPS REQUEST FOR SECURITY ACCESS

**User ID** (for established users only)

Leave blank if this is a new user.

**User Name**

Enter User's full name.

**Tribal Employer Name**

Enter the requested information.

**Personnel Office Identifier(s) (POI)**

Enter the requested information.

**Tribal Role**

For Tribal Employers Only - Check only one Tribal role. Listed below are the TRIBAL ROLE capabilities:

**Audit Role**

Read-only access to data, create reports, run inquiries

**Update Role**

Same capabilities as the TRIBAL Audit Role with the addition of: Enroll/Dis-enroll employees in FEHB & Change enrollments

**Update/C Role**

Same capabilities as the TRIBAL Audit & Update Roles with the addition of: Edit Tribal employer contacts

**OPM Role For OPM Only** - Check only one OPM role. Listed below are the OPM ROLE capabilities:

**Audit Role**

Read-only access to data, create reports, run inquiries

**Update Role**

Same capabilities as the OPM Audit Role and the following:  
Update access; no cancellation access

**Update/X Role**

Same capabilities as the TRIBAL Audit & Update Roles with the addition of: Cancellation access

The TSO enters the requested information and must sign their name and date the form where indicated.

**Remarks**

As needed, enter any additional information not provided in previous blocks.